

STATE OF NEVADA
DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Log No. 121339
Permit No. _____
Basin No. 049

PRINT OR TYPE IN BLACK INK ONLY
DO NOT WRITE ON BACK

Please complete this form in its entirety in
accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. 72559
WELL NAME (if applicable): _____

1. OWNER/CLIENT NAME ANTONIO FLORES
MAILING ADDRESS 250 S 15TH ST
ELKO, NV 89801

DETAILED ADDRESS AT WELL LOCATION 31ST ST
LOT 2 BLOCK 7
Subdivision Name: MVR 9 County: ELKO

2. PLS LOCATION SW 1/4 NE 1/4 31 Sec 34N N/S 55 E
PERMIT/WAIVER NO. 064-007-002
Issued by Water Resources Current Parcel No.

Latitude _____ UTM E 599661 NAD 27
Longitude _____ UTM N 4515949 NAD 83/WGS 84

3. WORKED PERFORMED
 New Well Deepen: Orig WL# _____
 Replacement: Original well log # _____
 Recondition: Original well log # _____

4. PROPOSED USE
 Domestic Irrigation Monitor
 Mining / Dewater Com / Ind Stock
 Test / Other Mun / QM Rec

5. WELL TYPE
 Auger Rotary RVC
 Air Mud Sonic
 Other

6. LITHOLOGIC LOG				
Material Encountered	Lost Circ.	Water Strata	From	To
SAND w/ FINE GRAVEL			0	20
FINE GRAVEL			20	40
GRAVEL w/ SAND		X	40	60
GREEN FINE GRAVEL w/ CLAY			60	80
BROWN COURSE GRAVEL			80	110
BLACK FINE GRAVEL		XX	110	140
1ST WATER	X	50		
SEALED OFF				
2ND WATER	XX	120		

9. INSTRUCTION
Depth Drilled: 140 Feet Depth Cased: 140 Feet
HOLE DIAMETER (BIT SIZE)
From 10 5/8 Inches 0 Feet 140 Feet
Inches _____ Feet _____ Feet
Inches _____ Feet _____ Feet

CASING SCHEDULE				
Size O.D. (Inches)	Weight/Ft. (Pounds)	Wall Thickness (Inches)	From (Feet)	To (Feet)
6.625	13	.188	+1 1/2	140

ANNULAR MATERIALS
Sanitary Seal Yes No
 Neat Cement 4 to 105 Pumped Poured
 Cement Grout _____ to _____ Pumped Poured
 Concrete Grout _____ to _____ Pumped Poured
 Bentonite Chips _____ to _____ Pumped Poured
 Gravel Pack [> 0.2 in.] 105 to 140 Pumped Poured
 Sand Pack [< 0.2 in.] _____ to _____ Pumped Poured
 Other, explain: _____ to _____ Pumped Poured

PERFORATIONS:
Type of perforation: PLASMA CUT
Size of perforation: 3/16" X 4" 7 ROWS
From 120 Feet To 140 Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet
From _____ Feet To _____ Feet

Date started: 1-Nov , 20 14
Date completed: 2-Nov , 20 14

7. WATER QUALITIES
Static water level: 25 Feet below land surface
Artesian Flow: _____ G.P.M. _____ P.S.I.
Water Temperature: 53 ° Fahrenheit
Water Quality: GOOD

10. DRILLER'S CERTIFICATION
This well was drilled under my supervision. This report is true to the best of my knowledge.
Name HACKWORTH DRILLING INC. Contractor
Address P.O. BOX 850, ELKO, NV 89803 Contractor
Nevada contractor's license number as issued by the State Contractor's Board: 020582
Nevada well driller's license number as issued by the Nevada Division of Water Resources (on-site driller): 1653
Signed: [Signature]
By driller performing actual drilling on site or contractor
Date: 11/5/2014

8. WELL TEST DATA			
Test Method:	G.P.M.	Draw Down (Feet Below Static)	Recorded Time (Hours)
<input type="checkbox"/> Bailor <input type="checkbox"/> Pump <input checked="" type="checkbox"/> Air Lift			
AT 140'	35		1 HOUR
AT 120'	30		1/4 HOUR
AT 80'	20		1/4 HOUR
AT 60'	10		1/4 HOUR

(Rev. 12-13)

USE ADDITIONAL SHEETS IF NECESSARY